

R15-26
BOROUGH OF MERCHANTVILLE, COUNTY OF
CAMDEN, STATE OF NEW JERSEY MEMORANDUM
OF UNDERSTANDING (MOU) CLOSED POINT OF
DISPENSING (CPOD) REGARDING MASS PROPHYLAXIS

This Memorandum of Understanding is entered into this the _____ day of _____, 2015, between the municipality of the Borough of Merchantville and the Camden County Department of Health and Human Services.

Definitions:

1. Closed POD: mass prophylaxis dispensing emergency site closed to the public
2. Provider: Facility/Organization willing to become a Closed POD/Fixed Facility

Recitals

WHEREAS, the Center for Disease Control (CDC), through the New Jersey Department of Health, will provide medications and medical supplies via the Strategic National Stockpile (SNS), to Camden County Health Department for Camden County, **and**

WHEREAS, the Camden County Health Department approves the transfer of a pre-determined quantity of the aforementioned medication and supplies to the municipality of the Borough of Merchantville **and**

WHEREAS, the Camden County Health Department wishes to collaborate with the municipality of the Borough of Merchantville to enhance its ability to respond to a catastrophic biological incident or other communicable threat of epidemic proportion.

NOW THEREFORE, in consideration of the foregoing, the parties hereto agree as follows:

The Provider Agrees:

- a. To request medications according to the number of identified employees, household family
- b. members, and clients (as applicable).
- c. To assume responsibility of dispensing medications (mass prophylaxis) to those individuals identified above by the Provider's trained staff, at a Closed POD site chosen by the Provider and with no liability assumed by the Camden County Health Department.
- d. To utilize pharmaceuticals in accordance with the policies and procedures outlined in the Camden County Health Department Emergency Response Plan and the Provider's own Closed POD Plan (on file with the TLCHD).

- e. To dispense medications per established medical protocols/algorithms provided by Camden County Health Department at time of the event under the supervision of licensed medical personnel.
- f. To provide any updates of the Provider's Closed POD Plan to the Camden County Health Department.

APPROVED:

ATTEST:

Edward F. Brennan
MAYOR

Denise L. Brouse
BOROUGH CLERK

February 9, 2015

I certify the above to be a true copy of a resolution adopted by the Mayor and

Council of the Borough of Merchantville on February 9, 2015.

Date: _____

Denise Brouse, R.M.C., Borough Clerk

ATTACHMENT B

Letter of Understanding (LOU) - Fixed Facility Distribution Plan

Our facility (as an identified major employer, utility provider, institution, mass media provider, or other designated facility) acknowledges our important role in safeguarding the public's health and enduring our mission/service during a public health emergency or bioterrorism event.

We hereby further acknowledge our interest and voluntary participation in the state-wide fixed facility distribution plan as delineated by the New Jersey Department of Health and Senior Services and the Camden County Fixed Facility Plan.

We agree to draft a distribution plan for our facility, employees and their respective household members, and actively promote employee participation in the program.

We understand that this program will not be deemed in effect until we have completed and submitted all the essential elements and received confirmation that the Camden County Department of Health & Human Services has reviewed and accepted our plan.

Our annual commitment to this program is non-binding and may be discontinued at anytime upon reasonable written notice to Camden County Department of Health & Human Services.

Facility Information

Name: Borough of Merchantville

Address: 1 West Maple Avenue

Municipality: Merchantville

Authorization

Name of Authorized Representative: Denise Brouse

Title of Authorized Representative: Borough Clerk

Signature of Authorized Representative: _____

Date of Execution: February 9, 2015

Renewable annually: _____

ATTACHMENT E

Camden County Department of Health & Human Services
Medication Transfer Form

Camden County Department of Health & Human Services hereby transfers medications received from the New Jersey Department of Health and Senior Services (NJDHSS) into the custody and control of the receiving authority listed below. By signing this form, the receiving authority acknowledges receipt of the medications listed below.

The receiving authority accepts full responsibility for the medications entrusted into its possession and agrees to abide by all applicable federal and state laws and regulations. The receiving authority accepts full responsibility for ensuring the distribution of these medications to all employees and residents.

Medication: Ciprotloxacin & Doxycycline Amount: 128

Medication: Ciprotloxacin only Amount: 4

Medication: Doxycycline only Amount: 2

SIGNATURE AND DATE

CAMDEN COUNTY DEPARTMENT OF HEALTH
& HUMAN SERVICES AUTHORITY

SIGNATURE AND DATE

Authorized Receiving Authority

ATTACHMENT D
CCDHHS – FIXED FACILITY DISTRIBUTION FORM

Date Data Recorded _____

Fixed Facility Name & Address	Total for both Ciprofloxacin & Doxycycline	Total for Ciprofloxacin Only	Total for Doxycycline Only	Total for Facility	Initials of person picking up meds
Merchantville Police Dept. 1 W. Maple Ave	35	3	1	39	
<hr/>					
Dept of Public Works 2 N. Cove Rd	10			10	
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Merchantville Fire Dept 22 E Park Ave	83	1	1	85	
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